

Office Management Application for Employment

Position You Are Applying For

Personal Data

Name (last, first, middle)			Date
Telephone Number () ()	Other Number () ()	Social Security # - -	
Address	Apt. #	How long at this address?	
City	State	Zip Code	E-mail Address
Employment Interest: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time If Part Time work is preferred, list specific days and hours you are available to work?			
Why are you seeking employment?		If employed, how soon could you start?	
Are you lawfully authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If no, explain:			
Referred By			

Education Record

High School	Location
Degrees or Diplomas	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
College/University	Location
Degrees or Diplomas	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Trade or Technical Training	Location
Degrees or Diplomas	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No

Dental Certifications or Licenses

	X-Ray	CDA	EDDA RDA EFDA	COR. POL.*	RDH	RDH, EF	OSHA HIPAA	CPR	Other
License #									
State Issued									
Current Through (date)									

*Coronal Polishing

Military

Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of service
If yes, branch of service:	
Duties/special training	

Employment History

List all positions held, including part-time, summer and/or volunteer work and periods of employment for the last ten years; do not omit employers. Explain any gaps in employment in comment section. If you are submitting a resume, you are still required to provide the requested information in the space provided. If self-employed, provide company name and at least two business referrals.

1. EMPLOYER

Months & Years of Employment

Address

City

State

Zip Code

Phone Number
()

Beginning Salary

Ending Salary

Title/Duties

Hours of Employment _____ Days worked _____

What time did you usually arrive and leave? _____

Manager's Name _____

May we contact the above manager for a reference? Yes No

Why did you leave? _____

2. EMPLOYER

Months & Years of Employment

Address

City

State

Zip Code

Phone Number
()

Beginning Salary

Ending Salary

Title/Duties

Hours of Employment _____ Days worked _____

What time did you usually arrive and leave? _____

Manager's Name _____

Why did you leave? _____

3. EMPLOYER

Months & Years of Employment

Address

City

State

Zip Code

Phone Number
()

Beginning Salary

Ending Salary

Title/Duties

Hours of Employment _____ Days worked _____

What time did you usually arrive and leave? _____

Manager's Name _____

Why did you leave? _____

Qualifications

You may be asked to take a skills test to verify proficiency on any of the topics below.

Qualifications/Skills	Can you perform?	What Is Your Skill Level?
Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Microsoft Word	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Microsoft Excel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
How many words per minute:		
Bookkeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Multi-line Phones	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
How many lines:		
10-Key Adding Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Appointment Scheduling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Account Collections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Treatment Presentation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Financial Arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Insurance Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Dental Terminology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Dental Software	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Which software:		

Digital X-Ray Software	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Which software:		

Charting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
OSHA & Safety Regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent

Other

Why would you like to work at our office?

What tasks do you really enjoy doing, if any?

What tasks do you prefer not to do if you had the choice?

Do you have any questions?

References

1. NAME	Occupation	Telephone Number ()
Address	City	State Zip Code

How are you acquainted with this person?

2. NAME	Occupation	Telephone Number ()
Address	City	State Zip Code

How are you acquainted with this person?

3. NAME	Occupation	Telephone Number ()
Address	City	State Zip Code

How are you acquainted with this person?

Salary

What starting salary would you expect?	\$	Per Month	\$	Per Hour
After one year	\$	Per Month	\$	Per Hour
After two years	\$	Per Month	\$	Per Hour

Do you object to raises being based on the cost of living and inflationary rate? Yes No

What fringe benefits do you expect?

Signature of Applicant

Date

An Equal Opportunity Employer

General Agreements

The regular office hours are 8:00 am-5:00 pm, Monday through Friday. Some positions are paid on an hourly basis and some are paid on a salary basis. You may be required to arrive early or leave late in your job, depending on your position or special circumstances.

This office maintains a drug testing policy that may require the employee/applicant to submit a drug test.

I understand that all offers of employment are conditioned on receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

The policies and regulations governing employment at this office are specifically laid out in separate policy manuals, which will be made available to all employees.

Authorizations

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the information checked unless I have indicated to the contrary. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or if I am hired, in my dismissal from employment.

Employment at Will

If employed, I understand that employment with the practice is not for a specified term and can be terminated "at will"; with or without cause; and with or without notice; at any time, either at the option of the employee or the employer. No employee or representative of the practice, other than its owner, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. There are no oral or collateral agreements regarding this issue.

I understand that this employment application and any other practice documents are not promises of employment. All employment is made on a trial basis for the benefit of both this office and the employee. This is usually for 90 days, but could be more or less.

I understand and agree to the above:

Signature of Applicant

Date

Drug Screen Agreement

I FREELY AND VOLUNTARILY AGREE to submit a urinalysis and/or blood test (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis and/or blood test or failure to qualify according to the minimum standards established by the company for this screen may disqualify me from further consideration of employment.

I further understand that upon commencement of employment with the company I may again be required to submit a urinalysis and/or drug test. I understand that refusal to take a requested urinalysis and/or blood test or failure to meet the minimum standards set for the screen, may result in immediate suspension or discharge.

I also understand that any and all information regarding the use of illegal drugs by an employee that is obtained shall be strictly confidential.

I have read in full and understand the above statements. I understand that they are conditions of employment.

Driver's License Information: State: _____ DL#: _____

Signature of Applicant

Date

Management Signature

Date

Reference Check – Waiver Form

To the prospective employee: Please read this document carefully. If you agree to the statements, terms, and conditions set forth herein, please initial each paragraph where indicated, and sign and date the form at the bottom.

A. Verification of Accuracy of Statements Made In Employment Application:

I hereby certify that the information provided in my employment application dated _____ and any resume or other materials submitted by me in connection with my effort to obtain employment with _____(company name) is true, complete, and accurate; and I understand that any false or misleading information or significant omissions may disqualify me from any further consideration for employment with _____(company name), or could be justification for dismissal from employment, if discovered at any point after I have been hired or offered employment.

Initials _____

B. Release of Claims Against Providers of References and/or Other Employment - Related Information:

With the exception of contacting my current employer (discussed below), I fully authorize the investigation and verification of any statements made by me in my employment application dated _____ (and any resume or other materials submitted by me in connection with my effort to obtain employment with _____(company name).

I expressly authorize you to contact all listed past employers and/or references. I further authorize any person, school, past employer, or other person, organization, or entity listed in my application, and any resume or other materials submitted by me to provide _____(company name) with any information requested that may be relevant and useful to _____(company name) in making a hiring decision.

I expressly release any such persons, organizations, or entities from any and all legal liability for making disclosure of any information about me, which it is permitted, by law, to release.

Initials _____

C. Contact with Current Employer:

I DO I DO NOT

Authorize you to contact my current employer. If, and only if, I have authorized you to contact my current employer, I agree that the terms set forth in paragraph B also apply to my current employer.

Initials _____

Signature of Applicant

Date

Management Signature

Date

Background Check Authorization

The applicant should complete the most current Background Check Authorization from [AccuScreen Systems](#). Attach the Authorization to this completed employment application.

AccuScreen Systems
www.accuscreen.com
1-800-383-6476